STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145909	A. BUILDING ______ B. WING ______	C 05/23/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARDINAL HILL HEALTHCARE	**SOUTH FOURTH STREET GREENVILLE, IL 62246**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 324	Continued From page 4 cheese, cream, butter, margarine, whipped topping and crisp, chopped bacon" are allowed. There is an asterisk in the Bread section which corresponds to a statement at the bottom of the page which says "This consistency, when used with developmentally disabled residents or those residents who may be disoriented, may need further modification so that regular pieces of food, such as one slice of bread or one piece of cake, does not get placed in the mouth all at one time." R1 had been identified as having difficulty chewing due to his not wearing dentures, but had not been identified as having any difficutly swallowing and had not experieinced any prior incidents of choking.	F 324		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210a) 300.1210b)3) 300.1210b)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include at a minimum the following procedures: b) General nursing care shall include at a	F9999		

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F9999	Continued From page 5 minimum the following and shall be practiced on a 24-hour, seven day a week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements are not met as evidenced by: Based on record review and interview, the Facility failed to provide adequate supervision to prevent one resident, R1, on the sample from choking which resulted in death. The Facility has identified 4 residents who are at high risk for choking. On 5/15/07, R1 took another resident's peanut butter sandwich without the knowledge of staff. R1 was later found without vital signs. R1 still had a portion of the sandwich in his mouth when he was found by staff. The Heimlich Maneuver was attempted without results. CPR was initiated without results. R1 was transported by ambulance to the local hospital where he was pronounced dead a short time later.	F9999		

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F9999	Continued From page 6 Findings include: 1. Facility "Reportable Incident/Accident" form states that on 5/15/07, at approximately 9:15 PM "(R1) was found unresponsive in his room, resident had a large amount of peanut butter sandwich in his mouth. E3, Certified Nurses Aide (CNA), immediately called for a nurse to assist. Nurse, E5, immediately began the Heimlich Maneuver on the resident with no success. E4, Registered Nurse, came in to assist and took over the Heimlich Maneuver and CPR. E4 did sweep a large amount of the sandwich from the residents mouth, ambulance was called to assist, no success in reviving resident. EMT's arrived a few minutes after being called, EMT's took over the CPR and transported resident to the ER. ER was called 10-15 minutes after resident arrived, resident was pronounced dead at 10:19 PM." E3 was interviewed on 5/21/07 regarding the incident. E3 said that the last time she had seen R1, prior to finding him with no vital signs, was around 9:00 PM. E3 said R1 was walking in and out of the living room on the Dementia Unit and she thought that he went to his room. E3 had told R1 to go and get ready for bed and put his clothes on the floor - she would be in to help him. E3 said she then left the Unit to get the snacks and returned to the Unit with the snacks. R2 always gets a sandwich, however it is usually a meat sandwich, not peanut butter. E3 unwrapped the sandwich and gave it to R2 who was sitting in the hallway outside of the living room. E3 told E6 that she was going to go to a different hallway located off the Unit to get the sit to stand lift. E6 was sitting at the "cubby hole" desk giving someone a health shake. E3 was sidetracked, answering a call light on Hall A,	F9999		

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F9999	Continued From page 7 when getting the sit to stand lift. After answering the call light, E3 proceeded to the Unit with the sit to stand lift, took the lift to R3's room and returned to the dining/living area. E3 noted that R2 did not have his sandwich and she found this unusual as he eats slowly. E6 said that she did not know what happened to R2's sandwich as she did not see him eat it. E6 told E3 that she had only left the immediate area for a short time in order to get a straw from the closet in the dining room. E3 and E6 both looked around a little while for the sandwich but, couldn't find it. E3 then proceeded to R1's room to get him ready for bed. When E3 entered R1's room, she saw him lying crosswise on his bed, face up, with his arms at this side. E3 then saw part of a peanut butter sandwich sitting on R1's nightstand and said that she knew it had to be R2's missing sandwich. E3 grabbed R1's right arm to shake him and could not feel a pulse, he blew what appeared to be two breaths out of his mouth. E3 then went to R1's other side and could not rouse R1. R1's head turned to the side and his mouth came open. E3 saw part of the partially chewed peanut butter sandwich in R1's mouth. E3 yelled for assistance and proceeded to clean the peanut butter sandwich out of R1's mouth. Both nurses on duty, E4 and E5, tried to perform the Heimlich Maneuver on R1 with no results. E4 and E5 then began Cardio Pulmonary Resuscitation until the ambulance arrived. R1 was taken to the local hospital emergency room where he was pronounced dead. "Emergency Room Report" states "R1 was found in the nursing home at approximately 9:15 PM in his room. At the time he was found in his room, it was not known how long the patient was down, but the patient did not have a pulse and was not	F9999		

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F9999	Continued From page 8	F9999		

breathing, and he was found with a mouthful of peanut butter. The ambulance was called and the patient was successfully intubated but the peanut butter was coming through the ET tube. Carbon dioxide indicator was placed and did verify tube placement in the respiratory system. The patient was pronounced expired at 10:19 PM."

R1 has resided on the Dementia Unit in the Facility since 1/20/05. R1 has diagnoses, in part, of Moderate to Severe Mental Retardation, Diabetes, Schizophrenia and Dementia. R1's most recent assessment, dated 1/20/07, shows that he had short and long term memory problems; was moderately cognitively impaired; had periods of restlessness with wandering; required a mechanically altered, therapeutic diet; had no teeth or dentures; and was independent for ambulation. R1 had a physicians order, dated 12/8/06, for a mechanical soft, 2000 calorie ADA diet.

R1's Resident Assessment Protocols (RAPS), also dated 1/20/07, reflects the following:
Nutritional Status - Does resident have difficulty chewing (due to oral or dental problems)? Yes.
Behavioral Problems - triggered related to resident wanders, moves without purpose and is oblivious to needs or safety. Resident moves independently in and out of rooms. He takes things from the trash cans and puts in his pockets. He fills his pockets with sugar packets and anything he finds.

R1's Facility plan of care, dated 1/31/07, states a "Problem" of "History of behaviors as evidenced by taking things from other resident's rooms,

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F9999	Continued From page 9 steals food from other resident's trays." R1 also had a "Problem" in his care plan which states "History of uncontrolled diabetes as evidenced by noncompliance to diet. Resident takes items from trash, puts sugar packets, crackers and anything he finds in his pockets. He attempts to get into the refrigerator to get snacks from here." The "Approach" for this "Problem" is "monitor resident for taking food from other resident's trays." Facility policy for Mechanical Soft Diets states "all whole grains and enriched bread, pancakes, muffins, rolls and crackers, all oils, salad dressings, sour cream, shortening, cream cheese, cream, butter, margarine, whipped topping and crisp, chopped bacon" are allowed. There is an asterisk in the Bread section which corresponds to a statement at the bottom of the page which says "This consistency, when used with developmentally disabled residents or those residents who may be disoriented, may need further modification so that regular pieces of food, such as one slice of bread or one piece of cake, does not get placed in the mouth all at one time." (A)	F9999		